

**HOSPITALS RATE AGREEMENT**

EIN: 35-2528741

DATE:08/11/2017

ORGANIZATION:

FILING REF.: The preceding agreement was dated 07/26/2016

Vanderbilt University Medical Center (VUMC)

1161 21st Avenue South  
D-3300 Medical Center North  
Nashville, TN 37203-6840

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

**SECTION I: INDIRECT COST RATES**

RATE TYPES:      FIXED                  FINAL                  PROV. (PROVISIONAL)      PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	03/01/2016	06/30/2018	58.00	On-Campus	Organized Research
FIXED	03/01/2016	06/30/2018	35.10	Off-Campus (A)	Organized Research
FIXED	03/01/2016	06/30/2018	32.70	Off-Campus (B)	Organized Research
FIXED	03/01/2016	06/30/2018	37.90	On-Campus	Other Sponsored Activities
FIXED	03/01/2016	06/30/2018	49.30	On-Campus	Clinical Training
PROV.	07/01/2018	06/30/2020			Use same rates and conditions as those cited for fiscal year ending June 30, 2018.

(A) Off-Campus, Adjacent: Location within 50 miles commuting distance of the Hospital.

(B) Off-Campus: Location beyond 50 miles commuting distance of the Hospital.

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\*BASE

Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

ORGANIZATION: Vanderbilt University Medical Center (VUMC)

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**SECTION I: FRINGE BENEFIT RATES\*\***

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<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	7/1/2017	6/30/2018	22.00	Medical Center	Faculty 1/Sr. Staff (1)
FIXED	7/1/2017	6/30/2018	12.00	Medical Center	Faculty 2 (2)
FIXED	7/1/2017	6/30/2018	26.20	Medical Center	Staff
FIXED	7/1/2017	6/30/2018	10.00	Medical Center	Part-Time / Temporary
PROV.	7/1/2018	6/30/2020			Use same rates and conditions as those cited for fiscal year ending June 30, 2018.

\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and Wages.

(1) Medical Center Faculty 1/Senior Staff includes clinical faculty with annual compensation of less than \$170,000 and all Medical Center Non-Clinical Faculty / Senior Staff.

(2) Medical Center Faculty 2 include clinical faculty with annual compensation greater than or equal to \$170,000.

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

The fringe benefits are charged using the rate(s) listed in the Fringe Benefits Section of this Agreement. The fringe benefits included in the rate(s) are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

OFF-SITE DEFINITION: For all activities performed in facilities not owned by the organization and to which rent is directly allocated to the project(s), the off-site rate will apply. Actual costs will be apportioned between on-site and off-site components. Each portion will bear the appropriate rate.

Fringe Benefits include: FICA, Retirement, Flexible Reimbursement Account, Disability Insurance, Life Insurance, Employee Tuition Remission, Occupational Health Clinic, Unemployment Insurance, Workers' Compensation, Health Plus, and Health Insurance.

Equipment means an article of nonexpendable tangible personal property having a useful life of more than one year, and an acquisition cost of \$5,000 or more per unit.

This agreement updates the Fringe Benefits Rate section only. All other terms and conditions from the rate agreement dated 12/4/2015 remain unchanged.

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**SECTION III: GENERAL**

**A. LIMITATIONS:**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES:**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES:**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES:**

The rates in this Agreement were approved in accordance with the cost principles promulgated by the Department of Health and Human Services, and should be applied to the grants, contracts and other agreements covered by these regulations subject to any limitations in A above. The hospital may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Vanderbilt University Medical Center (VUMC)

(INSTITUTION)

*Cecelia B. Moore*

(SIGNATURE)

*Cecelia Moore*

(NAME)

*CFO*

(TITLE)

*08/22/17*

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes -S  
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People, ou=2342.19250300.100.1.1=2000131669,  
cn=Darryl W. Mayes -S  
Date: 2017.08.15 15:11:20 -0400

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

8/11/2017

(DATE) 7682

HHS REPRESENTATIVE:

Steven Zuraf

Telephone:

(301) 492-4855